



EMS-FRM-015, July 23, 2004

Waste Identification Sheet (WIS)
ISC Alameda, Environmental Branch

Waste Code _____ Consolidated _____ In Drum # _____ 90-Day _____

GENERATOR

Unit: _____ Shop: _____ Phone: _____

WASTE DESCRIPTION

Container Size/Type: _____ Quantity: _____
e.g. 5 gallon Drum, 1 pound Can, 16 ounce Bottle

What is the accumulation start date? _____

Item / Trade Name _____

Material / Chemical Name _____

Manufacturer / Distributor _____

Reason for using chemical _____

Reason for waste:

☐ Expired Shelf Life ☐ Damaged Containers ☐ Spent ☐ Extra, still usable
☐ Other _____

Has the waste been mixed with or contaminated by another material?

☐ Yes ☐ No

If Yes, list:

Type: _____ Percentage: _____ %

Type: _____ Percentage: _____ %

Type: _____ Percentage: _____ %

CERTIFICATION

- a) I certify that the above named materials are the only compounds in the container listed above and have not been mixed with any other material and that the waste is properly containerized, the WIS properly completed and an MSDS or Lab Analysis data provided.

Print Name: _____ Signature: _____ Date: _____

Shop Hazardous Waste Coordinator/Generator of Waste

Below to be filled by Environmental Staff

Is this a Hazardous Waste according to 40 CFR 261 subpart 'C' or subpart 'D'?

☐ Yes ☐ No

- b) I certify that the waste has been:

☐ Properly packaged ☐ Disposed as solid waste ☐ Other(specify) _____

Date Received: _____

Signature: _____

Environmental Hazardous Waste Coordinator

ENCLOSURE (2)

Hazardous Waste Satellite Accumulation Point

Federal Law prohibits improper disposal. If Found, contact the Environmental Officer. Phone, 437-5775

NAME: **U.S. COAST GUARD**

ADDRESS: **COAST GUARD ISLAND, BLDG. 15**

CITY/STATE/ZIP: **ALAMEDA, CA 92501**

CONTENTS/COMPOSITION: _____

WASTE IDENTIFICATION: _____

PHYSICAL STATE (CHECK ONE)

SOLID ☐

LIQUID ☐

GAS ☐

HAZARD CLASS (CHECK ONE)

IGNITABLE ☐ REACTIVE ☐

CORROSIVE ☐ TOXIC ☐

LISTED: _____

SATELLITE ACCUMULATION START DATE: _____

FULL DATE: _____

90 DAY ACCEPTANCE: _____

ENCLOSURE (1)